

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		2				
15						
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28		/				
29		/				
30		/				
31		/				
32		/				
33		2				
34		/				
35		/				
36		/				
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45		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	54					
TOTAL CLAIMS	58					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		1				
53		1				
54		1				
55		1				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS